ACCIDENT INVESTIGATION REPORT



Date/	Time		ear Inspection #
Establishment Name	2.	Employer Rep Contacted & Title 3.	Telephone)
4. Jobsite Address where A	ccident Occurred	5. City/County FIPS code 6. State	7. Zip Code
8. Type of Business	9.		Safety Program No []
11. Name(s) of Injured (a)			16. of Injury (mark only one) y hospitalized non-hosp. [] [] [] [] [] [] [] [] [] []
(a)(b)(c)(d)	7. vhen accident occu		19. pervisor at time of accident
		nt 22. Weather Conditions 23. Exac	et Location of the Accident at Site
24. Operation Involved		25. Equipment/ machinery /chemical involved	
- Utilized [] Yes [] No] Yes [] No	27. First Notification Ige number) 29. First Notification	
28. First Aid Response (Off	icer name and bad	ge number) 29. First Notification	i oi Accident

30. Accident Description: (Who, what, where, when, how, why and part of body). This summary shall include conditions prior to the accident machines/ machinery, equipment, materials, operating procedures, how accident happened and possible cause, (unsafe action and/or unsafe condition) and cause of death (if applicable). (Use other side)
